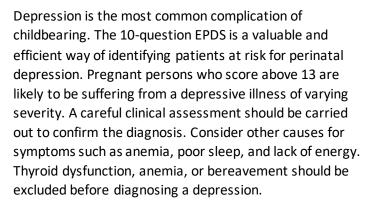
Edinburgh Perinatal/Postnatal Depression Scale (EPDS)¹



Perform screening using the EPDS ideally once in each trimester of pregnancy.



0 to 10 Monitor

11-13 Monitor, support, and provide education. Repeat EPDS in 2 weeks' time. If still elevated, refer for further assessment.

≥ 14 Requires further assessment, diagnosis, and appropriate management as the likelihood of depression is high. Referral to a psychiatrist/ psychologist may be necessary.

Item #10 Any individual who scores 1, 2, or 3 on item 10 requires further evaluation before leaving the care provider's office to ensure their own safety and that of their baby.

In the presence of a negative EPDS screen, using a score of 5 or greater on the anxiety specific EPDS questions (4, 5, 6) may be helpful in identifying those who could benefit from further anxiety screening and treatment.

In the past 7 days:

- 1. I have been able to laugh and see the funny side of things.
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
- 2. I have looked forward with enjoyment to things.
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
- 3. I have blamed myself unnecessarily when things went wrong.
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
- 4. I have been anxious or worried for no good reason.
 - 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
- 5. I have felt scared or panicky for no very good reason
 - 3 Yes, quite a lot
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all

- 6. Things have been getting on top of me.
 - 3 Yes, most of the time I haven't been able to cope.
 - 2 Yes, sometimes I haven't been coping as well as usual.
 - 1 No, most of the time I have coped quite well.
 - 0 No, I have been coping as well as ever.
- 7. I have been so unhappy that I have had difficulty sleeping.
 - 3 Yes, most of the time
 - 2 Yes, sometimes
 - 1 Not very often
 - 0 No, not at all
- 8. I have felt sad or miserable
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Not very often
 - 0 No, not at all
- 9. I have been so unhappy that I have been crying
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Only occasionally
 - 0 No. never
- 10. The thought of harming myself has occurred to me
 - 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

Total Score	
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^{1.} Cox, J.L., Holden, J.M., and Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.